Executive Summary

Advancing Screening for Tardive Dyskinesia:

Promoting Early Detection and Care Across State Mental Health Systems for Individuals with Serious Mental Illness

Background

Tardive dyskinesia (TD) is a serious and often persistent movement disorder associated with exposure to dopamine receptor-blocking agents (DRBAs), particularly antipsychotic medications.[1,2,3] While newer antipsychotics have reduced TD risk compared with older medications, they have not eliminated it.[4] As antipsychotic use has expanded across a wider range of behavioral health conditions, the number of individuals at risk has grown considerably.[5] TD affects an estimated 15% to 30% of individuals receiving long-term antipsychotic treatment.[6] Symptoms may include involuntary movements involving the face, mouth, tongue, limbs, trunk, or respiratory muscles,[7] which can interfere with communication, eating, mobility, employment, social engagement, treatment adherence, and overall quality of life.[8,9] FDA-approved vesicular monoamine transporter 2 (VMAT2) inhibitors can effectively reduce symptoms for many individuals.[10] Routine screening provides one of the best opportunities to connect affected individuals with treatment before symptoms worsen.[11,12,13]

Key Findings from the NASMHPD Survey

A survey of state mental health authority leaders from 31 states found substantial variation in TD screening policies and practices across public behavioral health systems. Formal screening mostly occurs only during intake or after symptoms become apparent.

Survey findings identified several common barriers to consistent screening:

- Limited provider time and workforce shortages.
- Lack of standardized screening protocols.
- Low provider awareness of TD and available treatments.
- Insufficient training in AIMS administration.
- Limited use of tracking, quality measurement, and accountability systems.

Policy Considerations

State mental health authorities can consider the following strategies to enable more consistent screening for TD:

1. Policy and Leadership Strategies

- Establish policy for consistent TD screening in state service systems
- Identify champions to lead improvements in TD screening across the state
- Identify performance measures and monitoring processes
- Review screening reimbursement policies

2. Education and Workforce Development Strategies

- Develop continuing education programs in partnership with universities and/or professional associations
- Develop annual TD education programs in partnership with advocacy organizations
- Create peer learning and mentorship programs
- Consider establishing expert consultation programs

3. Structural and Technical Strategies

- Promote utilization of HER reminders and clinical decision support tools
- Promote team-based care models
- Integrate TD screening into Certified Community Behavioral Health Clinics (CCBHCs) and collaborative care models
- Create tiered screening pathways

4. Person-Centered Engagement Strategies

- Patient education and families about TD risk, symptoms, and treatment options to promote shared decision making
- Include peer support into care team and care pathways
- Family and caregiver engagement
- Normalize conversations about TD during routine medication management
- Promote motivational interviewing and shared decision-making techniques
- Address financial barriers and social determinants of health that may hinder access to care

Recommendations for State Screening Policy

The paper recommends adoption of a consistent TD screening standard across settings for individuals with current or prior exposure to DRBAs. Core elements include:

- A tiered-screening model with:
  - informal observation during every clinical encounter.
  - Formal assessment using a standardized tool (e.g., AIMS) at recommended intervals
- Baseline screening when initiating or shortly after starting a DRBA.
- Additional assessment when symptoms emerge or medications change.
- Structured screening at least annually and every six months for high-risk individuals.[14,15]
- Documentation and communication of screening results across transitions of care.
- Integration of screening across care settings.

The paper stresses that screening must be linked to action. Positive findings should prompt diagnostic evaluation, discussion with patients and families, review of medications, and access to evidence-based treatment when appropriate.

Conclusion

State mental health authorities have a critical opportunity to improve outcomes by establishing clear screening standards, strengthening provider capacity, embedding screening into routine workflows, and supporting patient and family engagement. Consistent implementation of these strategies can improve early detection, expand access to treatment, reduce disability, and enhance quality of life for individuals receiving behavioral health services.

---

[1] Caroff, S. N., Widschwendter, C. G., & Hofer, A. (2019). Antipsychotic-induced tardive dyskinesia: Update on epidemiology and management. *Current Opinion in Psychiatry*, *32*(3), 179–184. https://doi.org/10.1097/YCO.0000000000000491

[2] Harris Insights & Analytics. (2025). *Tardive dyskinesia patient survey* [Research report prepared for Neurocrine Biosciences]. Neurocrine Biosciences.

[3] Raza, M., & Mars, J. A. (2026). Tardive dyskinesia. *StatPearls*. Retrieved June 5, 2026, from https://www.statpearls.uk/point-of-care/29873

[4] Caroff, S. N., Widschwendter, C. G., & Hofer, A. (2019). Antipsychotic-induced tardive dyskinesia: Update on epidemiology and management. *Current Opinion in Psychiatry*, *32*(3), 179–184. https://doi.org/10.1097/YCO.0000000000000491

[5] Caroff, S. N. (2023). A new era in the diagnosis and treatment of tardive dyskinesia. *CNS Spectrums*, *28*(4), 401–415. https://doi.org/10.1017/S1092852922000992

[6] Miller, B. J. (2020). Advances in tardive dyskinesia: A review of recent literature. *Psychiatric Times*, (Suppl.), April 10, 1–6. https://www.nami.org/wp-content/uploads/2023/07/PT-LitReview_Supplement_032320.pdf

[7] Caroff, S. N., Yeomans, K., Lenderking, W. R., Cutler, A. J., Tanner, C. M., Shalhoub, H., Pagé, V., Chen, J., Franey, E., & Yonan, C. (2020). RE-KINECT: A prospective study of the presence and healthcare burden of tardive dyskinesia in clinical practice settings. *Journal of Clinical Psychopharmacology*, *40*(3), 259–268. https://doi.org/10.1097/JCP.0000000000001201

[8] Caroff, S. N., Yeomans, K., Lenderking, W. R., Cutler, A. J., Tanner, C. M., Shalhoub, H., Pagé, V., Chen, J., Franey, E., & Yonan, C. (2020). RE-KINECT: A prospective study of the presence and healthcare burden of tardive dyskinesia in clinical practice settings. *Journal of Clinical Psychopharmacology*, *40*(3), 259–268. https://doi.org/10.1097/JCP.0000000000001201

[9] Chepke, C. R., Peyser Levin, A., Yang, A., Reed, S., Berjonneau, E., Le Calvé, P., Tian, M., Reshef, S., Horchi, D., Ustundag, K. T., & Ribalov, R. (2025). Patient and physician perceptions of the burden of tardive dyskinesia: An international survey. *BMJ Neurology Open*, *7*(2), e001170. https://doi.org/10.1136/bmjno-2025-001170

[10] Solmi, M., Fornaro, M., Caiolo, S., Lussignoli, M., Caiazza, C., De Prisco, M., Solini, N., de Bartolomeis, A., Iasevoli, F., Pigato, G., Del Giovane, C., Cipriani, A., & Correll, C. U. (2025). Efficacy and acceptability of pharmacological interventions for tardive dyskinesia in people with schizophrenia or mood disorders: A systematic review and network meta-analysis. *Molecular Psychiatry*, *30*(3), 1207–1222. https://doi.org/10.1038/s41380-024-02733-z

[11] Caroff, S. N. (2023). A new era in the diagnosis and treatment of tardive dyskinesia. *CNS Spectrums*, *28*(4), 401–415. https://doi.org/10.1017/S1092852922000992

[12] Takeuchi, H., Mori, Y., & Tsutsumi, Y. (2022). Pathophysiology, prognosis, and treatment of tardive dyskinesia. *Therapeutic Advances in Psychopharmacology*, *12*, 20451253221117313. https://doi.org/10.1177/20451253221117313

[13] Pratt, A. (2026). *From awareness to action: Developing protocols for tardive dyskinesia AIMS screening among mental health clinicians* (Nursing capstone, University of North Dakota). UND Scholarly Commons. https://commons.und.edu/nurs-capstones/393

[14] Solmi, M., Pigato, G., Kane, J. M., & Correll, C. U. (2018). Clinical risk factors for the development of tardive dyskinesia. *Journal of the Neurological Sciences*, *389*, 21–27. https://doi.org/10.1016/j.jns.2018.02.012

[15] American Psychiatric Association. (2020). *The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia* (3rd ed.). American Psychiatric Association. https://doi.org/10.1176/appi.books.9780890424841

